| , '  |   |   |                  |                       |                              |                                  |          |                     | Application or Docket Number |        |                     |                        |  |
|--|---|---|------------------|-----------------------|------------------------------|----------------------------------|----------|---------------------|------------------------------|--------|---------------------|------------------------|--|
| TENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003     |   |   |                  |                       |                              |                                  |          |                     | 10776955                     |        |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                  |                       |                              |                                  |          | SMALL EN            | ıтıп <b>y</b><br>□           | OR     | OTHER<br>SMALL (    |                        |  |
| TO   | TAL CLAIMS                                      |   | <b>3</b> 0       |                       |                              |                                  |          | RATE                | FEE                          |        | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED     |                       | NUMBER EXTRA                 |                                  |          | BASIC FEE           | 385.00                       | OR     | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 30 minus 20=     |                       | - 10                         |                                  |          | XS 9=               | 90                           | OR     | XS18=               |                        |  |
| INDEPENDENT CLAIMS   |   |   | minus 3 =        |                       | •                            |                                  |          | X43=                |                              | OR     | X86≃                |                        |  |
| MU   | LTIPLE DEPEN                                    | DENT CLAIM PF                                   | ESENT            |                       |                              |                                  |          | +145=               |                              | OЯ     | +290=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                  |                       |                              |                                  | 1        | TOTAL               |                              | ОЯ     | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |   |   |                  |                       |                              |                                  |          | SMALL E             | NTITY                        | OR     | OTHER<br>SMALL      | •                      |  |
| AMENDMENT A  |   | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                  | HIGH<br>NUM<br>PREVIO | EST<br>BER<br>DUSLY          | PRESENT<br>EXTRA                 |          | RATE                | ADDI-<br>TIONAL<br>FEE       |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| OME  | Total   | · 30  | Minus            | **                    |                              | -10                              |          | X\$ 9=              | 90                           | OR     | X\$18=              |                        |  |
| MEN  | Independent                                     | • (   | Minus            | ***                   |                              |                                  |          | X43=                |                              | OR     | X86=                |                        |  |
| ٧  | FIRST PRESENTATION OF MULTIPLE DEPENDENT,       |   |                  |                       | CLAIM                        |                                  |          | +145=               |                              | OR     | +290=               |                        |  |
| / 4-   |   |   |                  |                       |                              |                                  |          | TOYAL               |                              | 1      | TOTAL               |                        |  |
| 4/7006 (Saluma 3) (Saluma 3)   |   |   |                  |                       |                              |                                  |          | ADDIT. FEE          |                              | OR     | ADDIT. FEE          |                        |  |
|  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |   |                  |                       |                              |                                  |          |                     | ADDI-                        | ì      |                     | ADDI-                  |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT                 |                  | NUM<br>PREVI          | BER                          | PRESENT<br>EXTRA                 |          | RATE                | TIONAL                       |        | RATE                | TIONAL<br>FEE          |  |
|  | Total   | .44   | Minus            | .3                    | 0                            | . 14                             |          | X\$ 9=              | 400                          | ОЯ     | X\$18=              |                        |  |
|  | Independent                                     | . 8   | Minus            | SNOEM                 | T CLAIM                      | <u> </u>                         | ┨        | X43=                | 400                          | OR     | X86=                |                        |  |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                       |                              |                                  | J        | +145=               |                              | OR     | +290=               | ,                      |  |
|  |   |   |                  |                       |                              |                                  |          | TOTAL<br>ADDIT, FEE | 800                          | ОЯ     | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                  |                       |                              |                                  |          |                     |                              |        |                     |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                  | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                 |          | RATE                | ADDI-<br>TIONAL<br>FEE       |        | PATE                | ADDI-<br>TIONAL<br>FEE |  |
| Ž  | Total   | •   | Minus            |                       |                              | 8                                |          | X\$ 9=              |                              | OR     | X\$18=              |                        |  |
| ME   | Independent                                     | •   | Minus            |                       | •                            | =                                | 1        | X43=                |                              | OR     | X86=                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                       |                              |                                  |          | +145=               |                              | OR     | +290=               |                        |  |
| -  | If the Highest Mu                               | mn 1 is less than to<br>mbel Previously P       | aid for in th    | S SPACE               | is less tha                  | an 20, enter "20                 | ).*<br>- | TOTAL<br>ADDIT. FEE |                              | OR     | TOTAL<br>ADDIT, FEE |                        |  |
| •••  | ti the "Highest Nu<br>The "Highest Nun          | mber Previously P<br>nber Previously Pa         | and For (Total o | is space<br>Independ  | us ress en<br>dent) is th    | en 3, einer 3.<br>e highest numb | er fo    | und in the ap       | propriate bo                 | n in c | olumn 1.            |                        |  |